

# CLAIMS ONLY

SERIAL NO.  
09982282  
FILING DATE  
10-18-01  
APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		/				
4	/					
5	/	/				
6	/					
7	/					
8	/					
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25	/					
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33	/					
34	/					
35		/				
36		/				
37		/				
38	/					
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54	/					
55		/				
56		/				
57	/					
58		/				
59		/				
60		/				
61		/				
62		/				
63	/	/				
64	/					
65	/					
66	/					
67	/					
68	/					
69	/					
70	/					
71	/					
72	/					
73	/					
74	/					
75	/					
76	/					
77		/				
78		/				
79		/				
80						
81						
82		/				
83		/				
84		/				
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	30					
TOTAL DEP.	46					
TOTAL CLAIMS	76					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			1			
2				1		
3						
4				1		
5						
6						
7						
8						
9			1	1		
10			1			
11						
12			1			
13				1		
14			1			
15						
16			1			
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27			1			
28			1			
29				1		
30			1			
31						
32				1		
33			1			
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
<b>TOTAL IND.</b>			1	1	1	1
<b>TOTAL DEP.</b>			1	1	1	1
<b>TOTAL CLAIMS</b>						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
<b>TOTAL IND.</b>	29	1	1	1	1	1
<b>TOTAL DEP.</b>	29	1	1	1	1	1
<b>TOTAL CLAIMS</b>	152	1	1	1	1	1